File with: lowa Ethics and Campaign

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

510 E. 12°, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE	NS, SEE BACK OF FORM SUMMARY PAGE		2009 SEP 2	8 AM 7:5
COMMITTEE NAME (Must b	e same as on Statement of Org	anization)			
CHIZALS FOR			1 1	FORM	
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge	of committee you are reporting for: Standing for Retention Candidate (2)State PAC (3)State Party idate (7)School Board or Other Political Board or Other Political Subdivision PA	zal C (DR-2 Rev. 07/2007) or Office Use Orfi orm. #	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name		Political Party (if applicable)	s	canned	
Office Sought Stay Car	Cance	District (if Senate or House)		udited	
Late reports are subject to poss	sible civil and criminal penalties. P	ursuant to lowa Code sections 68B.3	2A(7) and 68	3A.401(3), the ca	ndidate, for a
Ties the	k	712.276.2145		09-25-20	99
SIGNATURE OF PERSON F	ILING REPORT	TELEPHONE	_	DATE S	IGNED
I AM FILING A 09-25-	2009 (report date)	REPORT FOR (1) ELECTION		ELECTION YE	AR.
•	TO REPORT DATED		Local Con	nmittees, enter Da	te of Election
CUECK IL VINENDIMENT	TO REPORT ORTED			-06-2009	
Check if this is final (termi (You must continue	nation) report and attach Notice to file reports until a DR-3 is file	of Dissolution Form DR-3. d.)	which Ele	Local Committees ction is held	, enter County in
STATE	MENT OF CASH ON HAN	ID .			
CASH ON HAND at the begin	nning of the reporting period. (T	Total of all funds held by the	.	ø	
ADD TOTAL MON	EY TAKEN IN THIS PERIOD			1770	. 🕰
Schedule A: Cash	Contributions total (Attach Sche	dule A) (*also see in-kind below)	***********	5000	
Schedule F: Loans	Received total (Attach Schedu	le F)	*******		,=
Schedule H: Total	Sales of Campaign Property (A	ttach Schedule H)			
(Scheduk	H applies to Candidates' Co	nmittees Only) SUB-TOTAL	\$	6770	<u>.</u> @
SUBTRACT TOTA	L MONEY SPENT THIS PERK	DD 3) (**also see debts and loans belo	w)	2061.	59
		dule F)			
				4708	<u>্</u> ক
		eport balance must be zero)			
UNPAID BILLS (From Sch	nedule D - Attach Schedule D)	*************************************	\$ -	<u> </u>	
*IN KIND CONTRIBUTIONS	From Schedule E - Attach Sc	nedule E)	\$ -	<u> </u>	20
"OUTSTANDING LOANS (From Schedule F - Attach Sche	dule F)	\$	·	
CONSULTANT BREAKDO	WN (Schedule G Attached?)		-	yes <u>X</u>	_NO
CANDIDATE COMMITTEES				_	
CAUDIDA LE COMMITTUELE	TANT BREAKDOWN (Screenie G Attached?) ATE COMMITTEES ONLY: OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)			ø	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

	Keset Form	A	MONETARY
CONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	RECEIPTS
(including candidate's personal funds)			CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		AME	NDING FORM
CITYEUS FOR LANGUARD			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
(MM/DD/YR)	AND PAC CHECK NUMBER	Sandy Rol	A spinor		INCOME
7-11-109	CK# 7787	5309 HWY 75N LOT 328 SHOW CITY IA SHOW	t Kismo	\$ 50	
1-11-09	ID# CK# 37 6 7	Darrell Chambers 4919 w 4th 57 5: Oux City, IA	Frank	\$50	
7-11-09	ID# CK# 1453	Dr. Lin + Jerry Peterson 4230 Hickory LN #232 51100	Frziend	25	
7-11-09	ID# CK#	Glen Marlett 1836 Gruer the, Monue, 1A 51039	1 is eva	25	
7-11-09	ID# CK# (\$ 79	Susan Rochister 2111 Kennedy Dr Slow City 14 51104 James . Donna Carlin	Fiziend	25-	
7-11-09	ID# СК# 2321	JOHNES - DONNA CORLEN 43 ARLHODU RD, SIONE CITI, LA SITOL	Figure 10	95-	
8-3-09	CK# 10852	Mr+Mrs & Hacker 1602/1019 St., SoxGM, 14 5/108	Frienul	50,00	
8-9-09	ID#	10 Brinn & Alice Bruns 1248 Buchunther Stan Cor, 14 51106	e- 6,40	30,	
8-909	ID# CK#	David Wantlord 2312 S. LANGERT S., SON CAY, IA SIITL	Canadaste	\$350,00	
8:29-09	ID# CK# 2026	Joshua + Katy Goragni 2027 Williams Ave Sioux City 10 57/06	FRIEND	25,∞	
			SUB-TOTAL	\$242' &	
		TOTAL (if last pag	e of this schedule)	1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). It surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (of 5)

) Ut the state of	Market Brown Ask	(Rev. 07/03)	MONETARY RECEIPTS
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)			

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION

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NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
(MM/DDYR)	NUMBER			\$ 100.2	
	1D#	ART FIGUEROA		\$10	
7-1-2009	CK#	P.O. Box 1372 Ston CAT, 1A 5/102			
	IO#	Great FISHER	1	20,®	
7-1-2009	CK#	59250 878 ROAD, PONCH, NE 68770			
	ID#	Brun Bruns 51108		70,00	
7-5-2009	CK#	1243 BUCHMAN AVE, STORE CAP, 1A			
	ID#			200,00	
719-2009	CK#	JASON GALE 4239 DANS-MANNE, STONE CITY, 1.A. SIRGE			
	ID#	GIROL ROMER		50,39	
719/2009	CK#	4926 230TH ST., BATTLE (1882, 14 5/006		ļ	-
	10#	GERGE F. HUSEL	:	200.=	
9-1-2009	CK#	3916 STURNIAN , SIGNAN, IA 9104			
	ID#	LINDA M. HOLLO		25,00	
9-3-200	ск#	1218 461A STREET, SON CAT, 1A 5/104		207	-
	ID#				
	CK#				+==
	ID#				\ <u></u>
	CK#				+-
	ID#				
	CK#		SUB-TOTAL	s 665,00	+
L				\$	_

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 5 (for Schedule A)

. 0	Reset Form	Α	MONETARY
CONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	RECEIPTS
(Including candidate's personal funds)			CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		AME	NDING FORM
CHITZENIK FOR L'ADVIEND	!		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		INCOME
	ID#	Rain Brans Street	_	\$ 20 00	
8 29-09	CK# Cesh	BUAN Bruns 243 Bernson Hos., Stox Cory, 1A	Friend	20	
	ID#	Phil & Kim Weselar 2010 Ridge Ave. Score City Id 5106		معر	
89-309	CK#	200 Ridge Ave. Searce City 24 5106	FRIEND	\$100°	
	ID#	FRENT Hoffman		100000	
9-3-09	CK#	Brews Hoffman 3905 Sylvan Ave 5551104	FRIEND	700	<u> </u>
	ID#	Rat Roctrond	1	2 a	
9-3-09	CK#	1501 Peavey 87 ssc 51/05-2905	Fruend	80	L
	ID#	derenny Taylor		10000	
9305	CK#	Jeremy Taylor 3215 Orandriew 55c 51104	Faiond	100	L
	ID#			1	
	CK#				
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	CK#				
	ID#				
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	CK#		· ·		
			SUB-TOTAL	s370.€	
		TOTAL (if last page	e of this schedule	s	7

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Page 3 of 5

I UI IIIONI GUIDINI GU	Trendantia	A	MONETARY
CONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	RECEIPTS
(Including candidate's personal funds)			CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		AME	NDING FORM
CATCHES FOR WASTERNED			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID#	Shared Flater		\$ 20.0	
V -15-09	CK#	59250 878 ROMD, PONCA, NE 68770			
	1D#	BRIN DRING		20,9	
20-09	CK#	1293 BUCHHANE, SIDNOGT, IA 51708			ļ
	ID#				
	CK#				-
	ID#				
	CK#				
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			SUB-TOTAL	s 40.2º	
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Page 4 of 5 (for Schedule A)

CONTRIBUTIONS MONEY TAKEN IN	Tickedaniesanis.	A (Rev. 07/03)	MONETARY RECEIPTS
(Including candidate's personal funds)	-]	CHE	CK THIS BOX IF INDING FORM
COMMITTEE NAME (Must be same as on Statement of Organization)			

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DATE	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	RECEIVED	FUND-
RECEIVED (MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		INCOME
	ID#	JAMES M. GARLIN		\$ 100.0	<u> </u>
06-29-09	CK#	93-peuragon Rad, Ston Gay, 14 51196			
	ID#	CHRIS ROSALER		50,0	
06-29-09	CK#	GHPLS ROSALER 3001 Normal Dane, State Gay, IA 51104			-
	ID#				
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	CK#		SUB-TOTAL	\$ (5) &	
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset	Form	

SCHEDULE В MONETARY **EXPENDITURES** (Rev. 07/03)

> CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization) Amount To Library

C	MIZEUS FOR	MALENIA		AVOURT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-2-2009	ID# CK#	HALBREEN'S 4650 HORMOSINE ANNE SIOK COTT, IA SITCL	IAK PENS	\$ 3,20
9-2-2009	ID# CK#	LAGO MORAMAS TOTAL STATE SHOW CITY, IA 5116	PRINTER CHETRIDGE	27.27
7-10-2009	ID# CK#	ABSOLUTE SCREEN FOR THE 120 IJ. EVENTA STREET SCOTTA STORE G8716	LOGO TEE SHIPTS	197.95
94-2009	ID# CK#	Pony Express Highly 17 State Universed, NE	FUEL FOR CAMEMANING	5/,@
9-8-200	ID# CK#	Kum 2 Go 2053 Soom Linerau St. Siah Cai, IA 5116	FUEL FOR GUIPANING	21.00
93-200	ID# CK#	Victor Store 520 SLI 30M Spen Domptor, lan 52802	KAND SHOWS	(da).18
9-9-20B	ID# CK#	LIALIMATY SINGHE HIMSBUD- STOK COV, INDA	CD-Rs FOLDWARDE	3.22
9-15-200	CK#	Side Side Star Star Branch, I als S2802	YARD STORES	669.18

TOTAL (if last page of this schedule)

\$ 1642.50

SUB-TOTAL

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and two Code St. 402(2)(3)) Schedule G instructions and Iowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

AMENDING FORM ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization) CHIDAIS FIR LHOTEWO

1	CHIZENS F			AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
	ID#	CREATHE MEDIA SOUTHOUS	A	s 419.9
08-14-09	CK#	P.O. Box 484, Stock Gry, IA 51702	DOOR KHOAKERS	\$ 113.2
	ID#			
	CK#			
	1D#			
	CK#			
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			SUB-TOTA	L \$ 419.9
			TOTAL (if last page of this scheduk	\$ 2,061.50

THE BOY ADDI HES TO	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	2	of	2_

<u>C</u> m	12EUS 1	as on Statement of Organization)			CHEC	& REPA
This schedule	reports mon	ay loaned to the committee which is depos	ited in the committee	account.	AMEN	DING FORI
UNPAID LOA	ns from <u>L</u>	AST REPORTING PERSON -				
1 - MONETAR (Original so	Y LOANS RI ource of loan,	ECEIVED <u>THIS REPORTING PERIOD</u> such as a bank, must be shown if a third p	arty is involved. Inclu	ide loans from can		
		NAME AND ADDRESS OF LENDER	RI	LATIONSHIP TO		NT OF LOAN
DATE RECEIVED MM/DD/YR)		(Include Endorser's Name, If Applicable)	CAND	DATE (If Applicab	- 5	
	Tea-	FRANC COMPLANTY CARDIT UNION			5,0	DO'5
38-c2 \ C3		How Are, Ston Cor, 14 5170	3			
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				AL (PART I)	s 5,	∞, <u>œ</u>
ART II - MONE (Loens	TARY LOAN	REPAYMENTS MADE <u>THIS</u> REPORTING to be reported on Schedule E — In-kind Con	G PERIOD ntributions.)			
ART II - MONE (Loens	TARY LOAN	NAME AND ADDRESS OF LENDER	G PERIOD ntributions.)	RELATIONSHIP T	O AMO	OCO , P
(Loens	forgiven mu	a de reported dis Scriedulo 2	G PERIOD ntributions.)		O AMO	
(Loans	forgiven mu	NAME AND ADDRESS OF LENDER	G PERIOD ntributions.)	RELATIONSHIP T	O AMC	
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